

STATE OF WYOMING LICENSE AND CERTIFICATE OF MARRIAGE

County Record Number:

State File Number:

1a. Full Legal Name (First, Middle, Last, Suffix)			2a. Full Legal Name (First, Middle, Last, Suffix)		
1b. Maiden or Birth Name (if applicable)		3. Date of Birth	2b. Maiden or Birth Name (if applicable)		4. Date of Birth
5. Age	6. Place of Birth, State or Foreign Country		7. Age	8. Place of Birth, State or Foreign Country	
9. Residence - Street Address		10. City	11. Residence - Street Address		12. City
13. State or Foreign Country	14. Zip Code	15. County	16. State or Foreign Country	17. Zip Code	18. County
19. Legal Father's (Parent) Full Name		20. Place of Birth (State/Foreign Country)	21. Legal Father's (Parent) Full Name		22. Place of Birth (State/Foreign Country)
23. Legal Mother's (Parent) Maiden Name		24. Place of Birth (State/Foreign Country)	25. Legal Mother's (Parent) Maiden Full Name		26. Place of Birth (State/Foreign Country)
27. I hereby certify that the information provided is correct to the best of my knowledge and belief and that I am free to marry under the laws of the State of Wyoming. <div style="border-top: 1px solid black; width: 100%; text-align: center;">Full Signature</div>			28. I hereby certify that the information provided is correct to the best of my knowledge and belief and that I am free to marry under the laws of the State of Wyoming. <div style="border-top: 1px solid black; width: 100%; text-align: center;">Full Signature</div>		
29. Sworn to Before Me On (Month, Day, Year)	30. Issuing Officer's Signature		31. County Issuing License		32. License Expires On (Month, Day, Year)
<div style="border-top: 1px solid black; width: 100%; text-align: center;">County Clerk or Deputy Clerk</div>		<i>This license authorizes the marriage in this state of the parties named above by any person authorized to perform a marriage ceremony under the laws of the state of Wyoming.</i>			
Person Performing Marriage: Complete This Section					
33. Date of Marriage Ceremony (Month, Day, Year)	34. Place of Marriage – City or Closest Town		35. County		36. Type of Ceremony <input type="checkbox"/> Religious <input type="checkbox"/> Civil
37. Officiant's Signature <div style="border-top: 1px solid black; width: 100%; text-align: center;">I certify the above named persons were married on the date and place stated.</div> Officiant's Title: _____			38. Officiant's Contact Information: Name (Printed) _____ Street _____ City/State/Zip _____ Phone Number _____		
39. Witness to Ceremony Signature _____ Printed Name _____ Residence – City, State and Zip _____			40. Witness to Ceremony Signature _____ Printed Name _____ Residence – City, State and Zip _____		
41. Local Official in county where license was issued who is returning the certificate to the Wyoming Department of Health: Signature _____ Date _____ County _____					
This certificate must be completed by the Officiant and returned to the County Clerk where issued WITHIN 10 DAYS after the ceremony.					

Applicant social security number shall be provided where available pursuant to Wyo. Stat. § 20-1-103. This information is collected for statistical purposes and shall not be available from the County Clerk.

INFORMATION FOR STATISTICAL PURPOSES ONLY		
42. Social Security Number	43. First Marriage <input type="checkbox"/> Yes <input type="checkbox"/> No	44. Sex <input type="checkbox"/> Female <input type="checkbox"/> Male

INFORMATION FOR STATISTICAL PURPOSES ONLY		
45. Social Security Number	46. First Marriage <input type="checkbox"/> Yes <input type="checkbox"/> No	47. Sex <input type="checkbox"/> Female <input type="checkbox"/> Male